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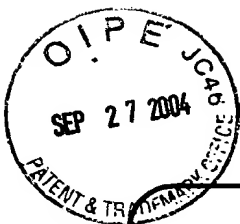
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Application No: 09/670,529
Filing Date: September 27, 2000
Title: Laminate Structure
Attorney Docket: AD6649 US NA

- Transmittal Form
- Fee Transmittal Form
- Petition for Extension of Time (3 Months)
- Response to the Non-Final Office Action Mailed March 26, 2004
- Receipt Card



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PTO/SB/21(08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/670,529
Filing Date	September 27, 2000
First Named Inventor	Yannick Albertone
Group Art Unit	1771
Examiner Name	J. Boyd

Total Number of Pages in This Submission	15	Attorney Docket Number	AD6649 US NA
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Non-Final Office Action <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (3 Months) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Certificate of Mailing• Receipt Card
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jacqueline M. Cohen, Registration No. 51,574
Signature	
Date	September 23, 2004

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